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Weekly Bulletin



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EDITOR

Control of Communicable Diseases in a Large Population.

The control of communicable diseases is considered generally, by laymen, in terms of quarantine only. The average health officer is regarded, too often, as a stern guardian of the law who takes fiendish delight in depriving both sick and well of their precious liberties. It is astounding, sometimes, to find that there are intelligent individuals who believe that the only available weapon in the control of most, if not all, communicable diseases lies in the exercise of quarantine regulations. It is true that some of the communicable diseases are controlled by means of quarantine only, for the very simple reason that no other control measure is known to be effective in preventing or checking the spread of certain diseases. Modern public health practice, however, has eliminated the necessity for establishing quarantine in regulating many of the most serious communicable diseases. Modern scientific health procedures tend to substitute, whenever possible, measures that are less oppressive than quarantine, but equally effective in disease control. As the field of our knowledge in disease control widens we can hope for the day when the control of most serious communicable diseases will rest largely upon the immunization of most people against many disastrous commonly contracted infectious diseases.

One of our most celebrated public health men has said, "The dominating principle in modern quarantine is that

it must be a sieve or filter and not a dam. All quarantines based upon the principle of the Chinese wall are doomed to fail. The object of quarantine is to destroy, or isolate infection with the least possible hindrance to trade and travel. The art consists in regulating the openings in the quarantine sieve so as to hold back certain infections but permit all else to pass." If the majority of our population were rendered incapable of contracting infection, quarantine would serve no purpose. In some states, at the present time, cases of smallpox are not quarantined, the health authorities in such localities saying that, since vaccination against smallpox will absolutely prevent the disease and since the general public has been informed of the fact, if any one chooses to deny himself this safeguard, the responsibility rests with the individual and not with the state. This point of view is undoubtedly premature but the time can not be very far distant when the control of smallpox, as well as many other communicable diseases, will rest largely upon the immunization of the individual.

Many tried methods are used in communicable disease control, but vaccination against smallpox is unquestionably the surest, safest, and most effective of all available weapons in the control of communicable diseases. In spite of the fact that this is well known among informed people, there is a psychological hesitancy in securing vaccinations. The average individual, who possesses average foresight, insures his personal belongings against fire and perhaps theft; he carries life insurance and perhaps accident insur-



ance too, but unless smallpox becomes unduly prevalent in his community, he does not insure himself against contracting this disease. It has been observed that if over 60 per cent of the population is immune to smallpox, the disease can easily be kept under control. This conclusion has been arrived at by careful observations of epidemics of the disease. If, then, all of the *intelligent* individuals in our population were insured against smallpox, it would be virtually impossible for an epidemic of this disease to occur.

Typhoid fever has been called a vanishing disease. It is a fact that its prevalence has been greatly reduced and its mortality rate has been lowered tremendously. In order to keep the disease under control, however, it is necessary that eternal vigilance be maintained in safeguarding the channels of infection, chiefly food and drink, through which the disease is commonly contracted. War experience has demonstrated the effectiveness of immunization against typhoid fever among large groups of individuals subjected to unusual hazards through exposure to the disease. It is true that we have an effective weapon against typhoid in the vaccination of individuals. The average person living in a city where water, milk, and other food stuffs are thoroughly safeguarded ordinarily has little opportunity for contracting typhoid. Vaccination against the disease under such circumstances would be hardly worth while. Individuals residing in communities where such safeguards are provided encounter distinct hazards in visiting communities where similar safeguards are not provided. The immunization of the individual against the disease, under such circumstances, is a wise and necessary procedure. The responsibility is an individual responsibility and the individual must decide for himself whether or not it is advisable for him to insure himself against typhoid by means of vaccination against the disease.

The tremendous toll in children's lives taken by diphtheria is known to the average well-informed individual. He knows that antitoxin, if administered early, that is, during the first twenty-four hours after the beginning of the illness, will nearly always save the child's life. The average individual does not know, however, that recent advances in the control of diphtheria now permit any child to be insured against the contraction of this dread disease, the administration of toxin-antitoxin, which is quite different from antitoxin, will prevent the development of diphtheria. The administration of this

product is painless but is remarkably effective in the prevention of the disease. In New York City, where this procedure has been used for the past eight or nine years, the diphtheria mortality rate has been reduced enormously. Thousands of California children have been immunized against diphtheria and in some of our cities, cases of the disease have not appeared during the whole period over which this immunization process has been applied. In some places this covers a period of three years. It is certain that if each year the new crop of children in every community were immunized against diphtheria, cases of the disease would seldom, if ever, occur in the community.

Similar advances in the control of scarlet fever have been made during the past year and as soon as the immunizing material can be made generally available, this disease can be brought definitely under control. This will provide a tremendous boon to human welfare, for it is doubtful if any communicable disease leaves a wider train of disastrous effects than does scarlet fever. Many of the most severe diseases occurring in adults can be traced directly to the occurrence of scarlet fever in childhood.

In these four diseases—smallpox, typhoid fever, diphtheria and scarlet fever we have definitely proved methods of individual control. With the growth of our population, the necessity for immunizing large groups of individuals against these diseases becomes increasingly important. The ravages of these diseases, not only in children but also in adults who suffer from the after-effects produced by these diseases, can be absolutely prevented. With the development of these advances, the personal responsibility of each intelligent individual increases. With the increase in population, there must be added interest and added endeavor in checking the spread of communicable diseases. It is through the cooperation of intelligent laymen, largely, that effective work can be accomplished.

With the growth of our population, there comes also the greater need for more full-time public health units. It is a fact that in some of our small cities the protection of the public health is delegated to the chief of the fire department, tax collector, building inspector, chief of police, superintendent of streets, or any other local official upon whom the disagreeable duty may be thrust, at an added compensation of ten or fifteen dollars a month. The development of full-time health units, including large rural and urban territories, does away with this promiscuous guardianship of



our most valuable possession—the public health. Under full-time organizations, trained, competent health officers can be employed—men who know the scientific measures necessary in the control of communicable diseases, men who know when quarantine is necessary and when it may be of no use as a control measure, men who can apply intelligence, education, sound training and scientific methods in the solution of public health problems.

The changing social conditions that are bound to come with an increased population are certain to bring more intricate problems in public health. There can be no adequate attempt in the solution of these problems without the services of trained health officers. Within a short time we shall have a string of full-time county health units stretching along the coast, from San Francisco to the Mexican line. There is only one county missing in this continuous line at the present time. To meet, then, the more complicated problems in public health, incidental to an increased population, it is essential that intelligent individuals shall support the scientific procedures successfully employed by trained public health workers. It is essential, also, that public health organizations shall be expanded into full-time local units, in order that all residents of the state may have the advantages incidental to adequate protection of the public health, to which they are justly entitled.



### California Gives Many Venereal Disease Treatments.

A summary of reports of venereal disease clinics in the United States covering the six months, July 1 to December 31, 1924, has recently been issued by the United States Public Health Service. Although there are but 11 clinics in California whose reports are included in this table, our state stands ninth among the states in the number of venereal disease treatments provided. Considering the relatively small number of clinics in California this record is exceptionally good. Following is a table showing the number of treatments given in the clinics in the first nine states, in order:

State	Number of Treatments	Clinics
Illinois	208,260	27
Massachusetts	96,694	46
Ohio	96,433	45
Michigan	68,439	17
Pennsylvania	67,015	46
Indiana	65,684	19
New York	62,427	43
Alabama	57,166	14
California	54,775	11

### De-bunking the Goitre Bunk.

In a recent survey of 47,000 school children in Cincinnati 32 per cent were found to have enlargement of the thyroid gland. Dr. Wm. H. Peters, Health Commissioner of Cincinnati, points out that for the purpose of this survey, the word goitre is not used. Goitre is an indefinite term and does not apply to every case of thyroid enlargement.

The interesting feature of this survey is the attitude the Cincinnati health officials take towards the question of handling the enlarged thyroid situation. Our local opinion agrees absolutely with theirs.

In the first place, about the most absurd proposition ever started is the idea of iodinating an entire city water supply. The next most absurd proposition is the vending of chocolate-coated tablets through the schools.

To date the only sensible way to handle this situation is—First, follow the cases of enlarged thyroid and get them treated by the family physician; or in case of indigent persons, in clinics. Second, the matter of prevention should be brought forcibly to the attention of all the people. The best means of prevention now known is by the use of table salt to which iodine has been added.

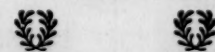
There are several firms that sell iodinated table salt. The general use of this salt will prevent most cases of enlarged thyroid. This salt will not cure thyroid enlargement. In all cases in which enlargement of the thyroid already exists the family physician should be consulted for treatment.

A very large proportion of enlarged thyroids in children will go on to the stage of development known as exophthalmic goitre, unless early and persistent treatment is carried out. Much serious illness and many deaths are caused by Exophthalmic Goitre.—*Dayton Health*.



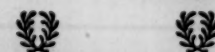
To cure is the voice of the past, to prevent the divine whisper of today.

—Kate Douglas Wiggin.



If I were to offer a prayer, it would be first for the spiritual excellence of our nation and next for its well-being in health. In order to effect the physically perfect nation, I would begin with the children.

—Warren Harding.



We must utilize the law of habit formation. The essence of this law is repetition. The child must keep on doing long after the impulse given by story or illustration has passed if he is to have a life-deep habit groove in his brain.—C. M. DeForest.



**MORBIDITY.\*****Diphtheria.**

78 cases of diphtheria have been reported, as follows: Los Angeles 23, San Francisco 12, Butte County 1, Riverside 2, Lemoore 1, National City 1, San Jose 1, Hermosa 1, Coronado 2, Albany 1, Mountain View 2, Sonoma County 1, Mill Valley 2, San Gabriel 1, Burbank 1, Santa Cruz 2, Santa Clara County 1, Napa County 1, Berkeley 3, San Mateo 2, Stockton 1, San Diego 3, Los Angeles County 4, Alameda 1, Lynwood 1, San Leandro 2, Imperial 1, Oakland 3, Turlock 1.

**Scarlet Fever.**

135 cases of scarlet fever have been reported as follows: Los Angeles 36, Los Angeles County 13, Long Beach 8, San Diego 6, San Francisco 17, San Mateo 1, Chula Vista 1, Berkeley 1, Pasadena 1, Stockton 3, National City 2, Alameda 1, Huntington Park 1, Alhambra 1, Merced County 2, Tulare County 1, Taft 1, Fresno 1, El Dorado County 1, Selma 1, Richmond 1, Madera County 1, Santa Clara County 3, Bakersfield 1, Turlock 2, Anaheim 1, Orange County 1, San Jose 3, Santa Ana 1, Sacramento 1, Redwood City 1, Fresno County 2, San Bernardino 2, Sonoma County 1, San Leandro 1, Oakland 4, Santa Barbara 1, Kern County 9.

**Measles.**

85 cases of measles have been reported, as follows: Los Angeles 46, Los Angeles County 7, Oakland 7, San Francisco 11, Compton 1, National City 1, Alameda County 1, Monrovia 1, Glendale 3, Alhambra 1, Santa Ana 1, Huntington Beach 1, Banning 1, Long Beach 2, Berkeley 1.

**Smallpox.**

147 cases of smallpox have been reported, as follows: Los Angeles 27, Los Angeles County 17, Long Beach 16, Oakland 8, San Francisco

5, Pasadena 8, Lynwood 5, Sutter County 5, Petaluma 4, Corning 1, Sierra County 3, Anaheim 1, Berkeley 3, San Mateo 2, Chula Vista 1, San Diego 4, Tulare County 2, Compton 1, San Diego County 3, Ontario 1, Fullerton 1, Santa Clara County 2, Imperial County 3, Fresno 1, Gridley 4, Butte County 1, Orange 1, San Jose 3, Orange County 1, Santa Ana 2, Sacramento 2, San Bernardino 1, Yuba County 1, Sonoma County 1, Burlingame 2, Santa Barbara 3, Lassen County 1.

**Whooping Cough.**

459 cases of whooping cough have been reported, as follows: Los Angeles 61, Berkeley 43, San Francisco 42, Monterey County 21, Los Angeles County 30, Pasadena 23, Alameda 15, Long Beach 12, Oceanside 6, Oakland 19, Stockton 23, Manteca 15, San Joaquin County 11, Gilroy 7, San Diego 19, Paso Robles 6, Riverside 8, Glendale 13, San Mateo 6, Kern County 11, Dinuba 5, Kingsburg 1, Santa Monica 1, San Bernardino 1, Santa Ana 3, Gridley 1, Santa Paula 2, National City 3, San Diego County 4, Banning 1, Imperial 1, Tracy 4, Lodi 2, Albany 1, Watts 1, Sutter County 1, Colusa 2, Corning 2, San Jose 3, Fresno 2, Huntington Park 4, Monrovia 1, Alhambra 1, Watsonville 3, Burlingame 4, Palo Alto 4, Fresno County 2, Redondo Beach 1, Pomona 2, Sacramento 3, San Luis Obispo County 2.

**Typhoid Fever.**

3 cases of typhoid fever have been reported, as follows: San Diego 1, Los Angeles County 1, San Francisco 1.

**Poliomyelitis.**

8 cases of poliomyelitis have been reported, as follows: San Francisco 3, Los Angeles County 1, Modesto 1, Alhambra 1, San Bernardino 1, Los Angeles 1.

\*From reports received on May 18 and 19 for week ending May 16th.

**COMMUNICABLE DISEASE REPORT.**

Disease	1925				1924			
	Week ending			Reports for week ending May 16 received by May 19	Week ending			Reports for week ending May 17 received by May 20
	April 25	May 2	May 9		April 26	May 3	May 10	
Anthrax	0	0	0	0	0	0	0	0
Chickenpox	325	221	234	214	406	410	367	308
Diphtheria	109	119	95	78	205	189	207	236
Dysentery (Bacillary)	3	0	2	0	0	2	1	1
Epidemic Encephalitis	3	3	0	0	5	2	2	0
Epidemic Meningitis	2	0	3	0	0	5	1	1
Gonorrhoea	113	61	94	71	70	176	97	52
Influenza	35	61	38	32	17	21	26	19
Leprosy	0	1	1	0	0	0	0	1
Malaria	0	1	0	1	1	2	4	2
Measles	120	88	55	85	1281	1110	1337	763
Mumps	472	399	417	397	70	53	56	82
Pneumonia	42	38	36	20	58	161	49	50
Poliomyelitis	12	13	4	8	0	0	1	0
Scarlet Fever	129	115	145	135	196	232	204	199
Smallpox	189	188	139	147	317	360	277	267
Syphilis	102	180	166	65	88	194	131	79
Tuberculosis	169	208	259	192	273	184	174	161
Typhoid Fever	12	10	5	3	19	16	12	30
Whooping Cough	450	435	481	459	47	34	62	49
Totals	2287	2141	2174	1907	3053	3151	3008	2300